

2137

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5426

CERTIFICATE OF DEATH

DEATH 8 IDENTENCE 5	1. PLACE OF DEATH A. COUNTY <u>Apache</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Apache</u>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>St. Johns</u>				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>St. Johns</u>			
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>4240</u> <u>4240</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>North Side</u>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Side</u>							
NT IAL A 148 4 X490	3. NAME OF DECEASED A. (FIRST) <u>ORVILLE</u> B. (MIDDLE) <u>LIONEL</u> C. (LAST) <u>JOLLEY</u>			4. SEX <u>M</u>		5. COLOR OR RACE <u>W</u>		
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>July</u> DAY <u>7</u> YEAR <u>1901</u>		8. AGE YEARS <u>48</u> MONTHS <u>4</u> DAYS <u>14</u>		
	9. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>UTAH</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>			13. SOCIAL SECURITY NO. <u>527-14-4154</u>		14. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		
SE 4001 TH 0 18)	14A. FATHER'S NAME <u>John Berry Jolley</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		15A. MOTHER'S MAIDEN NAME <u>Marion Bates</u>		
	15. INFORMANT'S SIGNATURE <u>Edith Jolley</u>			16. ADDRESS <u>St. Johns</u>		17. DATE OF DEATH (MONTH) <u>Nov.</u> (DAY) <u>21</u> (YEAR) <u>1949</u>		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IONS, PSY TH TO NAL NCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)			21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
CAL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Nov. 21</u> , 19 <u>49</u> TO <u>Nov. 21</u> , 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Nov. 21</u> , 19 <u>49</u> . AND THAT DEATH OCCURRED AT <u>4300</u> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE <u>V. Robert McLean, M.D.</u>			23B. ADDRESS <u>St. Johns, Ariz.</u>		23C. DATE SIGNED <u>11-23-49</u>		
RAL TOR D FRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			24B. DATE <u>Nov. 23, 49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>West Side</u>		
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>St. Johns, Ariz.</u>			25A. DATE REC'D BY LOCAL REG. <u>Nov. 25, 1949</u>				
25B. REGISTRAR'S SIGNATURE <u>Mrs. Etta B. Heap</u>			26. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>					